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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10671358 | <b>Applicant(s)/Patent Under Reexamination</b><br>JOHNSON, DAVID CALLUM |
|   | <b>Examiner</b><br>MELANIE TORRES          | <b>Art Unit</b><br>3657   |

| ORIGINAL           |                                   |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                  |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|--|--|--|------------------------------|---|---|---|------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                  | NON-CLAIMED |  |  |  |  |  |  |  |
| 188                |                                   | 218XL    |  |  |  | F                            | 1 | 6 | D | 65 / 12 (2006 G) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
| 188                | 251M                              | 251R     |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |

| <input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|--|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final  | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1  | 1        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 2  | 2        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 3        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 4        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 3  | 5        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 4  | 6        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 5  | 7        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 8        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6  | 9        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 11       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 12       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 7  | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 8  | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

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| NONE  |  | <b>Total Claims Allowed:</b> |                     |
|   |  | 8                            |                     |
| (Assistant Examiner)  |  | (Date)                       |                     |
| /Melanie Torres Williams/<br>Primary Examiner.Art Unit 3657 |  | 01/31/2011                   | O.G. Print Claim(s) |
| (Primary Examiner)  |  | (Date)                       | O.G. Print Figure   |
|   |  | 1                            | 1                   |